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GUTIERREZ
& SACHS, LLP

PUBLIC REFERENCE COPY

ORIGINAL

October 21, 2013

VIA ELECTRONIC FILING

Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W., Room TW-A306
Washington, DC 20554

VIA HAND DELIVERY

New Mexico Public Regulation Commission
1120 Paseo De Peralta
Santa Fe, NM 87501

ACCEPTED/FILED

OCT 21 2013

Federal Communications Commission
Office of the Secretary

**Re: Connect America Fund, WC Docket No. 10-90
Report for Services Provided in the State of New Mexico**

Dear Secretary Dortch:

On behalf of Smith Bagley, Inc. ("SBI"), (SAC 499001) a wireless service provider designated as an Eligible Telecommunications Carrier by the New Mexico Public Regulation Commission, please find attached a redacted public version of SBI's FCC Form 481 Carrier Annual Report, filed pursuant to Section 54.313 of the Commission's Rules ("Form 481 Report"). The Form 481 Report has been submitted to the Universal Service Administrative Company through its E-File System, and was successfully certified on October 14, 2013. SBI's Report has also been filed with the state commission and delivered to Tribal governments as applicable. The attached Form 481 Report has been marked "**REDACTED - FOR PUBLIC INSPECTION.**"

SBI is also submitting to the Commission, under separate cover, a confidential version of the Report. The confidential version is marked "**CONFIDENTIAL - NOT FOR PUBLIC INSPECTION.**"

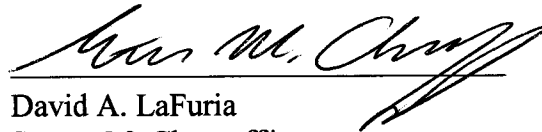
No. of Copies rec'd
List ABOVE

0+1

PUBLIC REFERENCE COPY

Please contact Steven M. Chernoff, Esq. at 703-584-8670 if any questions arise concerning the above-referenced enclosures or if you require any additional information.

Sincerely,

A handwritten signature in cursive script, appearing to read "Steven M. Chernoff", is written over a horizontal line.

David A. LaFuria
Steven M. Chernoff*

Attorneys for:
Smith Bagley, Inc.

* Not admitted in Virginia

Attachment

REDACTED - FOR PUBLIC INSPECTION

| | | |
|---|--|--|
| FCC Form 481 - Carrier Annual Reporting Data Collection Form | | <small>OMB No. 3045-0047</small> <small>Only carriers with 2014 local service lines to 300-0000</small> <small>2014-2015</small> |
|---|--|--|

| | |
|---|---------------------------|
| <010> Study Area Code | 499001 |
| <015> Study Area Name | SMITH BAGLEY |
| <020> Program Year | 2014 |
| <030> Contact Name: Person USAC should contact with questions about this data | Annette Weidle |
| <035> Contact Telephone Number: Number of the person identified in data line <030> | (928) 537-0690 |
| <039> Contact Email Address: Email of the person identified in data line <030> | aweidle@cellularoneaz.com |

| | | | |
|--|--|---|---|
| ANNUAL REPORTING FOR ALL CARRIERS | | 54.313 Completion Required | 54.422 Completion Required |
|--|--|---|---|

| | | | |
|---|---|-------------------------------------|-------------------------------------|
| <100> Service Quality Improvement Reporting | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <200> Outage Reporting (voice) | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <210> <input type="checkbox"/> <-- check box if no outages to report | | | |
| <300> Unfulfilled Service Requests (voice) | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <310> Detail on Attempts (voice) | 499001NM310 (attach descriptive document) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <320> Unfulfilled Service Requests (broadband) | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <330> Detail on Attempts (broadband) | (attach descriptive document) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <400> Number of Complaints per 1,000 customers (voice) | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <410> Fixed | | | |
| <420> Mobile | | | |
| <430> Number of Complaints per 1,000 customers (broadband) | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <440> Fixed | | | |
| <450> Mobile | | | |
| <500> Service Quality Standards & Consumer Protection Rules Compliance | (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <510> 499001NM510 | (attach descriptive document) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <600> Functionality in Emergency Situations | (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <610> 499001NM610 | (attach descriptive document) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <700> Company Price Offerings (voice) | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <710> Company Price Offerings (broadband) | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <800> Operating Companies and Affiliates | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <900> Tribal Land Offerings (Y/N)? <input checked="" type="radio"/> <input type="radio"/> | (if yes, complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1000> Voice Services Rate Comparability | (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1010> <input type="checkbox"/> | (attach descriptive document) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/> | (if not, check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1110> | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1200> Terms and Condition for Lifeline Customers | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet
 Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

| | | | |
|--------|-----------------------------------|-------------------------------------|-------------------------------------|
| <2000> | (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <2005> | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

| | | | |
|--------|-----------------------------------|-------------------------------------|-------------------------------------|
| <3000> | (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <3005> | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|----------------------------------|
| <010> | Study Area Code | 499001 |
| <015> | Study Area Name | SMITH BAGLEY |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Annette Weidle |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | (928) 537-0690 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | aweidle@cellularoneaz.com |
| <110> | Has your company received its ETC certification from the FCC? | <input type="radio"/> (yes / no) |
| <111> | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? | <input type="radio"/> (yes / no) |

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

| | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|---------------------------|
| <010> | Study Area Code | |
| <015> | Study Area Name | SMITH BAGLEY |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Annette Weidle |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | (928) 537-0690 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | aweidle@cellularoneaz.com |

[illegible]

FOI Form 881
OMB Control No: 3045-0086/OMB Control No: 3045-0089
July 2013

| | |
|----------|--|
| 1/1/2013 | |
|----------|--|

| | |
|----------|--|
| 1/1/2013 | |
|----------|--|

10/10/2013

FD-302a (Rev. 10-6-2015)
U.S. Department of Justice
Federal Bureau of Investigation
Washington, D.C. 20535
Date of transcription: 10/01/2015
Page 1 of 1
10/1/2015

| | | |
|-------|---|---------------------------|
| <010> | Study Area Code | 499001 |
| <015> | Study Area Name | SMITH BAGLEY |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Annette Weidle |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | (928) 537-0690 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | aweidle@cellularoneaz.com |

[illegible]

OMB Control No. 0705-0188
 GSA Form 490
 GSA Contract No. 3555-01-07-0008 25000-106 25000-106
 July 2013

| | | |
|-------|---|---------------------------|
| <010> | Study Area Code | 499001 |
| <015> | Study Area Name | SMITH BAGLEY |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Annette Weidle |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | (928) 537-0690 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | aweidle@cellularoneaz.com |
| <810> | Reporting Carrier | Smith Bagley, Inc. |
| <811> | Holding Company | |
| <812> | Operating Company | |

[illegible]



| | | |
|-------|---|---------------------------|
| <010> | Study Area Code | 499001 |
| <015> | Study Area Name | SMITH BAGLEY |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Annette Weidle |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | (928) 537-0690 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | aweidle@cellularoneaz.com |

<910> Tribal Land(s) on which ETC Serves Zuni Pueblo, Navajo Nation, Hopi Tribe, and White Mountain Apache Tribe.

| | | |
|----------------------------------|---|-------------|
| <920> | Tribal Government Engagement Obligation | 499001NM920 |
| Name of Attached Document (.pdf) | | |

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

| Select (Yes,No, NA) | |
|---------------------------|--|
| Yes | Needs assessment and deployment planning with a focus on Tribal community anchor institutions; |
| Yes | Feasibility and sustainability planning; |
| Yes | Marketing services in a culturally sensitive manner; |
| Yes | Compliance with Rights of way processes |
| Yes | Compliance with Land Use permitting requirements |
| Yes | Compliance with Facilities Siting rules |
| Yes | Compliance with Environmental Review processes |
| Yes | Compliance with Cultural Preservation review processes |
| Yes | Compliance with Tribal Business and Licensing requirements. |

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(100) No Terrestrial Backhaul Reporting
 CDE Backhaul Form

File Form 100
 OMB Control No. 3045-0086/CMS Control No. 3045-0089
 July 2013

| | | |
|-------|---|---------------------------|
| <010> | Study Area Code | 499001 |
| <015> | Study Area Name | SMITH BAGLEY |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Amette Weidle |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | (928) 537-0690 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | aweidle@cellularoneaz.com |

☐

Please check this box to confirm no terrestrial backhaul
 options exist within the supported area pursuant to § 54.313(G)

☐

Please check this box to confirm the reporting carrier offers
 broadband service of at least 1 Mbps downstream and 256 kbps
 upstream within the supported area pursuant to § 54.313(G)

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(200) Terms and Conditions for Lifeline Customers
 Data Collection Form
 FCC Form 483
 OMB Control No. 3000-0085/OMB Control No. 3080-0819
 July 2013

499001
 Study Area Code
 SMITH BAGLEY
 Study Area Name
 2014
 Program Year
 Annette Weidle
 Contact Name - Person USAC should contact regarding this data
 (928) 537-0690
 Contact Telephone Number - Number of person identified in data line <030>
 aweidle@cellularoneaz.com
 Contact Email Address - Email Address of person identified in data line <030>

499001NM1210
 Terms & Conditions of Voice Telephony Lifeline Plans
 Name of attached document (.pdf)

Link to Public Website
 HTTP

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
 Details on the number of minutes provided as part of the plan, ☒
 Additional charges for toll calls, and rates for each such plan. ☒

REDACTED - FOR PUBLIC INSPECTION



| | | |
|-------|---|---------------------------|
| <010> | Study Area Code | 499001 |
| <015> | Study Area Name | SMITH BAGLEY |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Annette Weidle |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | (928) 537-0690 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | aweidle@cellularoneaz.com |

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

| | | |
|--|--|--------------------------|
| Incremental Connect America Phase I reporting | | |
| <2010> | 2nd Year Certification (47 CFR § 54.313(b)(1)) | <input type="checkbox"/> |
| <2011> | 3rd Year Certification (47 CFR § 54.313(b)(2)) | <input type="checkbox"/> |
| Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(e)) | | |
| <2012> | 2013 Frozen Support Certification | <input type="checkbox"/> |
| <2013> | 2014 Frozen Support Certification | <input type="checkbox"/> |
| <2014> | 2015 Frozen Support Certification | <input type="checkbox"/> |
| <2015> | 2016 and future Frozen Support Certification | <input type="checkbox"/> |
| Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d)) | | |
| <2016> | Certification Support Used to Build Broadband | <input type="checkbox"/> |
| Connect America Phase II Reporting (47 CFR § 54.313(e)) | | |
| <2017> | 3rd year Broadband Service Certification | <input type="checkbox"/> |
| <2018> | 5th year Broadband Service Certification | <input type="checkbox"/> |
| <2019> | Interim Progress Certification | <input type="checkbox"/> |
| <2020> | Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. | <input type="checkbox"/> |
| <2021> | Interim Progress Community Anchor Institutions | |

Name of Attached Document Listing Required Information

REDACTED - FOR PUBLIC INSPECTION



| | |
|--------|---|
| 499001 | Study Area Code |
| <010> | Study Area Name |
| <015> | SMITH BAGLEY |
| <020> | Program Year |
| <025> | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data |
| <035> | Contact Telephone Number - Number of person identified in data line <030> (928) 537-0690 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> aweid.esc@illiaronea2.com |

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

| | | | |
|--------|---|--------------------------|--|
| (3010) | Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(i), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. | <input type="checkbox"/> | Name of Attached Document Listing Required Information |
|--------|---|--------------------------|--|

| | | | |
|--------|---|--------------------------|--|
| (3011) | Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) | <input type="checkbox"/> | Name of Attached Document Listing Required Information |
|--------|---|--------------------------|--|

| | | | |
|--------|---|--------------------------|--|
| (3012) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows If the response is yes on line 3014, attach your company's RUS annual report and all required documentation If the response is no on line 3014, Is your company audited? | <input type="checkbox"/> | Name of Attached Document Listing Required Information |
|--------|---|--------------------------|--|

| | | | |
|--------|---|--------------------------|--|
| (3013) | If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows | <input type="checkbox"/> | Name of Attached Document Listing Required Information |
|--------|---|--------------------------|--|

| | | | |
|--------|--|--------------------------|--|
| (3014) | Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers. | <input type="checkbox"/> | Name of Attached Document Listing Required Information |
|--------|--|--------------------------|--|

| | | | |
|--------|---|--------------------------|--|
| (3015) | Underlying information subjected to a review by an independent certified public accountant Underlying information subjected to an officer certification. | <input type="checkbox"/> | Name of Attached Document Listing Required Information |
|--------|---|--------------------------|--|

| | | | |
|--------|--|--------------------------|--|
| (3016) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | <input type="checkbox"/> | Name of Attached Document Listing Required Information |
|--------|--|--------------------------|--|

| | | | |
|--------|---|--------------------------|--|
| (3017) | Attach the worksheet listing required information | <input type="checkbox"/> | Name of Attached Document Listing Required Information |
|--------|---|--------------------------|--|

| | | | |
|--------|--|--------------------------|--|
| (3018) | | <input type="checkbox"/> | |
|--------|--|--------------------------|--|

| | | | |
|--------|--|--------------------------|--|
| (3019) | | <input type="checkbox"/> | |
|--------|--|--------------------------|--|

| | | | |
|--------|--|--------------------------|--|
| (3020) | | <input type="checkbox"/> | |
|--------|--|--------------------------|--|

| | | | |
|--------|--|--------------------------|--|
| (3021) | | <input type="checkbox"/> | |
|--------|--|--------------------------|--|

| | | | |
|--------|--|--------------------------|--|
| (3022) | | <input type="checkbox"/> | |
|--------|--|--------------------------|--|

| | | | |
|--------|--|--------------------------|--|
| (3023) | | <input type="checkbox"/> | |
|--------|--|--------------------------|--|

REDACTED - FOR PUBLIC INSPECTION

| | |
|---|---|
| Certification - Reporting Carrier Data Collection Form | REC Form 1001 OMB Control No. 5900-0088 Rev. 10/15/2013 |
|---|---|

| | |
|---|---------------------------|
| <010> Study Area Code | 499001 |
| <015> Study Area Name | SMITH BAGLEY |
| <020> Program Year | 2014 |
| <030> Contact Name - Person USAC should contact regarding this data | Annette Weidle |
| <035> Contact Telephone Number - Number of person identified in data line <030> | (928) 537-0690 |
| <039> Contact Email Address - Email Address of person identified in data line <030> | aweidle@cellularoneaz.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| | |
|---|------------------|
| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients | |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. | |
| Name of Reporting Carrier: | SMITH BAGLEY |
| Signature of Authorized Officer: | CERTIFIED ONLINE |
| Printed name of Authorized Officer: | |
| Title or position of Authorized Officer: | |
| Telephone number of Authorized Officer: | |
| Study Area Code of Reporting Carrier: | 499001 |
| Filing Due Date for this form: | 10/15/2013 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

| | |
|---|--|
| Certification - Agent / Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0988/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | |
|---|---------------------------|
| <010> Study Area Code | 499001 |
| <015> Study Area Name | SMITH BAGLEY |
| <020> Program Year | 2014 |
| <030> Contact Name - Person USAC should contact regarding this data | Annette Weidle |
| <035> Contact Telephone Number - Number of person identified in data line <030> | (928) 537-0690 |
| <039> Contact Email Address - Email Address of person identified in data line <030> | aweidle@cellularoneaz.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|---|--|
| I certify that (Name of Agent) <u>Lukas, Nace, Gutierrez & Sachs, LLP</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. | |
| Name of Authorized Agent: | Lukas, Nace, Gutierrez & Sachs, LLP |
| Name of Reporting Carrier: | SMITH BAGLEY |
| Signature of Authorized Officer: | CERTIFIED ONLINE Date: 10/14/2013 |
| Printed name of Authorized Officer: | Justin Hinkle |
| Title or position of Authorized Officer: | COO |
| Telephone number of Authorized Officer: | 9282053508 |
| Study Area Code of Reporting Carrier: | 499001 Filing Due Date for this form: 10/15/2013 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|--|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. | |
| Name of Reporting Carrier: | SMITH BAGLEY |
| Name of Authorized Agent or Employee of Agent: | Lukas, Nace, Gutierrez & Sachs, LLP |
| Signature of Authorized Agent or Employee of Agent: | CERTIFIED ONLINE Date: 10/14/2013 |
| Printed name of Authorized Agent or Employee of Agent: | Steven M. Chernoff |
| Title or position of Authorized Agent or Employee of Agent: | Attorney |
| Telephone number of Authorized Agent or Employee of Agent: | 703-584-8670 |
| Study Area Code of Reporting Carrier: | 499001 Filing Due Date for this form: 10/15/2013 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

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Attachments

**(200) Service Outage Reporting (Voice)
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|---------------------------|
| <010> | Study Area Code | 499001 |
| <015> | Study Area Name | SMITH BAGLEY |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Annette Weidle |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | (928) 537-0690 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | aweidle@cellularoneaz.com |

[illegible]

(For Operating Companies)
 Data Collection Form

(EC Form 41)
 GMR Control No. 8900-15185 (Date Control No. 8900-15185)
 July 2013

| | | |
|-------|---|---------------------------|
| <010> | Study Area Code | 499001 |
| <015> | Study Area Name | SMITH BAGLEY |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Annette Weidle |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | (928) 537-0690 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | aweidle@cellularoneaz.com |
| <810> | Reporting Carrier | Smith Bagley, Inc. |
| <811> | Holding Company | |
| <812> | Operating Company | |

[illegible]

Line 310 – Unfulfilled Voice Telephony Service Requests Resolution

Under Section 54.313(a)(3) of the Commission's Rules, an eligible telecommunications carrier ("ETC") is required to report "[t]he number of requests for service from potential customers within the recipient's service areas that were unfulfilled during the prior calendar year."¹ For all such requests, an ETC must "detail how it attempted to provide service to those potential customers[.]"² According to the Form 481 instructions, this description "should provide no information which is considered to be customer proprietary network information (CPNI); only the generic process should be delineated."³

If a request comes from a potential customer residing in any area where Smith Bagley, Inc. ("SBI") does not provide service, SBI follows a series of steps to determine whether it can provide service at reasonable cost:

- * First, it determines whether the potential customer's equipment can be modified or replaced to provide acceptable service;
- * Second, it determines whether adjustments at the nearest cell site can be made to provide service;
- * Third, it determines whether there are any other adjustments to network or customer facilities which can be made to provide service;
- * Fourth, it explores the possibility of offering the resold service of carriers that have facilities available to that location; and
- * Fifth, SBI determines whether a whether a roof-mounted antenna or other network equipment can be deployed at the premises to provide service;

¹ 47 C.F.R. § 54.313(a)(3).

² *Id.*

³ Instructions for Completing FCC Form 481(July 2013) at p. 10.

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* Sixth, SBI determines whether an additional cell site, a cell-extender, or repeater can be employed or constructed to provide service.

If there is no possibility of providing service short of these measures, SBI will notify the potential customer and report the number of requests for service that could not be filled in its next annual report filed pursuant to Section 54.313 of the Commission's Rules.

Line 510 – Compliance with Service Quality Standards and Consumer Protection

Smith Bagley, Inc. hereby certifies that it has reviewed its service quality and consumer protection practices, which it follows in connection with its provision of voice and broadband services, and that these practices ensure that Smith Bagley, Inc.:

- (1) Discloses rates and terms of its voice and broadband services to customers.
- (2) Makes available maps showing where voice and broadband services are generally available.
- (3) Provides contract terms to customers and confirms changes in voice or broadband service.
- (4) Allows a trial period for new voice or broadband service.
- (5) Provides specific disclosures in advertising.
- (6) Separately identifies carrier charges from taxes on billing statements.
- (7) Provides customers the right to terminate voice or broadband service for changes to contract terms.
- (8) Provides ready access to customer service.
- (9) Promptly responds to consumer inquiries and complaints received from government agencies.
- (10) Abides by policies for protection of consumer privacy.
- (11) Provides consumers with free notifications for voice, data and messaging usage, and international roaming.

These service quality and consumer protection practice categories are the same as those included in the CTIA–The Wireless Association[®] (“CTIA”) Consumer Code for Wireless Ser-

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vice ("CTIA Code" or "Code") as currently in effect. Smith Bagley, Inc. is a member of CTIA and was recently recertified by CTIA as being in compliance with the Code. A copy of the CTIA certification letter is attached.



The Wireless Association*

Expanding the Wireless Frontier

Steve Largent
President/CEO

June 13, 2013

Mr. Judd Hinkle
Chief Operating Officer
Smith Bagley, Inc.
d/b/a Cellular One of NE Arizona
1500 South White Mountain Road
Suite 103
Show Low, AZ 85901-7112

Dear Judd:

Congratulations! This letter is to notify you that Smith Bagley, Inc. d/b/a Cellular One of NE Arizona ("Cellular One") has completed the recertification process for the CTIA Consumer Code for Wireless Service ("Voluntary Consumer Code") for the period January 1, 2013 – December 31, 2013, and is deemed compliant with the principles, disclosures and practices set forth in the Voluntary Consumer Code. Accordingly, Cellular One is authorized to use and display the CTIA Seal of Wireless Quality/Consumer Information, subject to the terms and conditions set forth in the attached License Agreement.

Please ensure that the relevant employees of Cellular One review the License Agreement before using the Seal. Use of the Seal constitutes acceptance of these terms and conditions. Upon request, we will provide two specimens (color and black/white) of the Seal for Cellular One's use on its website or collateral materials. If you should have any questions concerning the recertification process or use of the Seal, please contact Michael Altschul, CTIA's Senior Vice President & General Counsel, at (202) 736-3248 or maltschul@ctia.org.

CTIA commends Cellular One for its ongoing leadership and participation in the CTIA Voluntary Consumer Code, and we look forward to continuing to work with Cellular One on this important industry initiative.

Sincerely,

Congratulations!

Steve Largent

cc: Abbie Crozier

Attachment



SEAL OF WIRELESS QUALITY/CONSUMER INFORMATION

LICENSE AGREEMENT

Company is hereby granted a non-exclusive, world-wide, royalty-free license to use CTIA's Seal of Wireless Quality/Consumer Information ("Seal") to represent that Company voluntarily adopts and follows the *CTIA Consumer Code for Wireless Service* and has certified such to CTIA.

CTIA permits the use of appropriate references to CTIA and the Seal solely in connection with the *CTIA Consumer Code for Wireless Service* Program. References to the Seal shall not be misleading as to the extent of Company's voluntary support and participation in the CTIA Voluntary Code for Consumer Information program. The Seal may appear in Company's advertising, promotional material or other literature to indicate its voluntary and consistent application of the *CTIA Consumer Code for Wireless Service*.

Upon CTIA's acknowledgement of Company's certification, CTIA shall supply Company with a specimen of the Seal. Company shall not modify or alter the Seal without prior written permission from CTIA, and such permission shall not be unreasonably withheld. Company agrees to amend or discontinue the use of the Seal upon written request of CTIA. Company shall immediately cease use of the seal upon receipt of CTIA's written notice to do so.

Company assumes full and complete responsibility for its use of the Seal, and agrees that its use of the Seal constitutes a declaration that Company voluntarily adopts and follows the principles set forth in the *CTIA Consumer Code for Wireless Service*.

Use of the Seal for other purposes than those stated in this License Agreement is an unauthorized use of the Seal and is strictly prohibited.

This license may be renewed annually subject to Company's successful completion of the certification process.

Use of the Seal constitutes acceptance of these legal terms and conditions.



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Line 610 – Functionality in Emergency Situations

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**THIS EXHIBIT IS SUBJECT TO SBI'S REQUEST FOR CONFIDENTIAL TREATMENT
AND IS BEING WITHHELD IN ITS ENTIRETY**

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Smith Bagley, Inc.
Line 1200 – Terms and Conditions for Lifeline Customers

VisionOne (available on Tribal lands)

Monthly Charge: \$1

Number of included minutes: 600

Per-Minute rates:

| | |
|---------------------------|----------------------------|
| Long Distance: | .25/minute |
| Roaming: | .35/minute (includes toll) |
| Additional local minutes: | .20/minute |

FreedomFone (available on non-Tribal lands)

Monthly Charge: \$1 prepaid for 12 months

Number of included minutes: 350

Per-Minute rates:

| | |
|---------------------------|----------------------------|
| Long Distance: | .25/minute |
| Roaming: | .35/minute (includes toll) |
| Additional local minutes: | .20/minute |